



Louisiana Board of Pharmacy

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Application for New Louisiana Pharmacy Intern Registration

Introduction

A pharmacy intern is an individual who is not yet licensed as a pharmacist in any jurisdiction, and is:

1. Enrolled in an ACPE-accredited school of pharmacy; or
2. A graduate of an ACPE-accredited school of pharmacy awaiting examination for pharmacist licensure; or
3. A graduate of a pharmacy program not accredited by ACPE who has established educational equivalency through a program approved by the Board; or
4. An individual participating in a residency or fellowship.

The professional privilege of practicing pharmacy within the state of Louisiana requires the acquisition and maintenance of a professional credential from the Board of Pharmacy. Pharmacy interns shall acquire a registration prior to performing any professional functions in any Louisiana-licensed pharmacy. The information contained herein is provided to assist you in obtaining your registration. We encourage your thorough review of this information as well as the laws and rules relevant to Louisiana pharmacy interns prior to your submission of this application form and supporting documentation.

Application Notes

The following information is provided to assist your completion of the application form. Please note the expiration date of the application form and fee identified at the top of the first page.

- *Section 1 - Personal Information*

In the event the name on the birth certificate differs from the current legal name on the application form, the applicant will need to provide copies of the legal documents for every name change in the interim. Examples of acceptable documents include marriage license or other court document detailing the name change. A driver's license or Social Security card is not acceptable for this purpose. In the event the birth certificate is recorded in a language other than English, a certified translation copy shall be attached. In the event a birth certificate is not available, we will accept a copy of a valid passport or naturalization documents.

- *Section 2 – Contact Information*

Due to the continual increases in postage, the Board is relying less on hard copy mail and increasing the use of e-mail communications. An e-mail address is not required but is strongly recommended. We do, however, reserve the right to reject sexually explicit or professionally inappropriate e-mail addresses.

- *Section 3 – Pharmacy Education*

- For applicants currently enrolled in a school of pharmacy located within Louisiana, the school will automatically send the Board a roster of students enrolled. Even if the application form is complete in every other aspect, we are required to wait for that confirmation of enrollment before we can issue the registration. For applicants currently enrolled in a school of pharmacy located in another state, the applicant should request the administrative office of their school send the confirmation of enrollment directly to the Board office; we cannot accept copies of that document directly from the applicant.
- For applicants graduating from a school of pharmacy located within Louisiana, the school will automatically send the Board office a Certification of Graduation shortly after the date of graduation; we cannot accept copies of that document directly from the applicant. For graduates of a school of pharmacy located in another state, the applicant should obtain a blank copy of *Form No. 10-NR ~ Certification of Graduation from an ACPE-Accredited College of Pharmacy Located Outside of Louisiana* from the Board's website and request the dean of their college to complete the form and mail it directly to the Board office; we cannot accept copies of that document directly from the applicant.
- For applicants who graduated from a college of pharmacy not accredited by ACPE, they must provide a copy of their Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate

issued by the National Association of Boards of Pharmacy (NABP).

- *Section 4 – Other Pharmacy Credentials*

In the event the applicant has ever received any pharmacy credentials from any other jurisdiction, those should be identified in this section, along with the requested information. Further, the applicant shall contact the board of pharmacy in each jurisdiction to request that board send the Louisiana Board a certification of the credential. That certification shall include the name in which it was issued, the credential number, the date of issue, the date of expiration, and whether the credential has been disciplined. In the event disciplinary action has been taken, the Board will eventually require a copy of the agency decision document.

- *Section 5 – Prior History*

The Board requires applicants for a pharmacy intern registration to submit to a criminal history record check. When the Board office receives the application form, the Board will mail a packet of information containing the fingerprint cards and disclosure forms to be completed by the applicant. Please read the instructions contained in that packet of information very carefully and follow the instructions precisely; the applicant's failure to do so will result in delays processing the application.

- The law governing this process requires the Board to use the criminal history record produced by the Louisiana State Police and the Federal Bureau of Investigation using the materials provided to the Board, which the Board provides to all applicants. The Board is not permitted to accept or rely on other reports prepared for or by another agency.
- When the applicant returns the criminal history record materials to the Board, our staff delivers those materials to the Louisiana State Police Headquarters. From that point, the processing of the background check is not under the control of the Board or its staff; we are unable to expedite that process. Our historical experience for the return of the required report to the Board is approximately four weeks. However, if the agency determines the fingerprints provided are of insufficient quality for their analysis, they will inform the Board of that fact. In that event, we will send the applicant a duplicate packet of materials and inform the applicant of the need to re-submit the required fingerprints. In those cases, we have observed turnaround times of approximately eight weeks. The Board is required to receive and review the required report before issuing any credential.
- Please read the instructions to this section very carefully, noting especially the information about expunged records. Contrary to any prior legal advice you may have received, the Board of Pharmacy is authorized by the Louisiana Legislature to access and use records that have been expunged by a court order. In the event the information contained in the resulting report differs from the information revealed in the responses to the questions in this section of the application form, the application form will be referred to the Board for its consideration of the application. With respect to prior history, there are no automatic barriers to registration – every case is considered on its own merits. The failure to provide all relevant information requested provides the Board with a sufficient legal basis to deny an application and refuse to issue the registration. Regrettably, the Board has already found it necessary to take such action.

- *Section 6 – Photographic Identification*

Please do not cut photographs from other items such as identification cards. The face, including the eyes, must be visible. This is your application for a professional license. We encourage passport-style photos.

- *Section 7 – Required Attachments*

This checklist is offered to help you remember the supporting documentation which is required.

- *Section 8 – Applicant's Affidavit*

This final section of the application must be completed in the presence of a Notary Public who must witness your sworn signature.

- *Application Processing*

We strongly encourage your review of the completed application and required attachments prior to sending the original documents to the Board office. Further, we encourage you to retain at least one copy of the application and attachments prior to placing the original documents with a mail carrier. If it is important to you to know if and when the Board has received your application materials, we strongly encourage your use of mail tracing services such as DHL, FedEx, UPS, or USPS. Due to the volume of applications received on a daily basis, we are unable to prioritize responses to inquiries confirming our receipt of your materials.

The Louisiana Legislature has adopted laws requiring all professional licensing agencies to verify applicant status with certain other agencies.

- We must submit names of all applicants to the Louisiana Office of Student Financial Assistance (LOSFA). In the event that agency informs the Board the applicant is in default of a student loan,

we are prohibited from issuing or renewing your registration, even if you have met all of the Board's requirements. In that case, we will inform you and refer you to LOSFA. We cannot release your registration until LOSFA confirms your compliance with their requirements.

- We must submit names of all applicants to the Dept. of Social Services (DSS). In the event that agency informs the Board the applicant is in default of court-ordered child support orders, we are prohibited from issuing or renewing your registration, even if you have met all of the Board's requirements. In that case, we will inform you and refer you to DSS. We cannot release your registration until DSS confirms your compliance with their requirements.
- We must submit names of all applicants to the La. Dept. of Revenue (LDR). In the event that agency informs the Board the applicant owes any money to the State of Louisiana (taxes or any other obligations), we are prohibited from issuing or renewing your registration, even if you have met all of the Board's requirements. In that case, we will inform you and refer you to LDR. We cannot release your registration until LDR confirms your compliance with their requirements.

When the licensing assistants have compiled a completed application with all required attachments, the file is referred to an administrative officer for final review, approval, and issuance of the registration. However, in the event the administrative officer determines the application warrants consideration by the Board, the office will notify the applicant of the time, date, and place of their meeting with the Board or a committee thereof.

All credentials issued by the Board, as well as applications for same, can be verified at the Board's website. When a credential is issued, the database and website status is updated in real time. We no longer require display of an intern registration; website verification of a registration in active or restricted status is sufficient to authorize practice.

Finally, every pharmacy intern registration shall expire one year after the date of graduation from an ACPE-accredited school of pharmacy, or in the alternative for a foreign pharmacy graduate, one year after the date the registration is issued, regardless of the date of issue.



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Note: This application form shall be valid for up to one year after the date of its receipt in the Board office. In the event the registration is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The application fee for this credential is **\$10**. We accept checks or money orders drawn on any bank located within the U.S. that are payable in US dollars to the Louisiana Board of Pharmacy.

Section 1 – Personal Information

Current Legal Name: _____
First Name Middle Name(s) Last Name Suffix (Jr., Sr. III, IV, etc.)

List All Other Names (Maiden, Married, etc.): _____

Place of Birth (City & State + Country if not USA): _____

Date of Birth: _____ Gender: _____ Race: _____

Social Security Number: _____

Note: Your current legal name will be your original licensure name. Once licensed, your original licensure name will not be changed for any reason. Wall certificates, if purchased, will only be issued in your original licensure name. Subsequent name changes will be reflected on annual license renewals.

Section 2 – Contact Information

Mailing Address: _____

City, State, ZIP: _____

E-mail Address: _____

Telephone Numbers (with A/C): _____
Home Mobile Home Fax

Section 3 – Pharmacy Education

Name of College/School of Pharmacy: _____

Location: _____
City & State + Country if not USA

College Identification No.: _____ Date (Mo / Yr) First Professional Year (P-1) Began: _____

Certification of Enrollment: In the event you are attending a college or school of pharmacy located outside the State of Louisiana, you must contact your school's administrative office and request they send a letter certifying your current enrollment status directly to the Board office. This information is automatically provided by the schools located within Louisiana for their students.

Certification of Graduation: In the event you graduated from a college or school of pharmacy located outside the State of Louisiana, you must contact your school's administrative office and request they send a Certification of Graduation (Form No. 10-NR, available on the Board's website) directly to the Board office. This information is automatically provided by the schools located within Louisiana for their students.

Do you have an FPGE Certificate? ☐ No ☐ Yes If Yes: EE# _____ Date Issued: _____
(Required for graduates of schools not accredited by ACPE)

For Board Use Only:

Check No.: _____ Amount: _____

Approved by: _____ Issued: _____

Registration No.: _____

Section 4 – Other Pharmacy Credentials

Have you ever been licensed, registered, certified, or otherwise approved to practice as a pharmacist, pharmacy intern, or pharmacy technician in any state other than Louisiana?

☐ No [Proceed to Section 5] ☐ Yes [Record information below; attach additional pages as necessary]

_____	_____	_____	_____	_____	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	
_____	_____	_____	_____	_____	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	

For each credential you have ever held, you must obtain a letter from the state licensing agency that issued the credential – sent directly to the Board office – certifying the current status of that credential. The letter must include the credential number, the date of issue, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted

Section 5 – Prior History

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the registration, or if the registration has already been issued, then the suspension or revocation of that registration.

- ☐ Yes ☐ No Have you ever been issued any of the following:

 - A citation or summons, *and/or*
 - Has/have warrant(s) been issued against you, *and/or*
 - Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
 - Pled guilty / "no contest" / nolo contendere / "best interest" or any similar plea, *and/or*
 - Been sentenced or pardoned,

for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer "Yes" and mail certified copies of the decision documents along with your personal letter of explanation.

 - Traffic violations such as speeding or parking tickets do not need to be reported; however,
 - DUI or DWI events must be reported, regardless of final disposition.
- ☐ Yes ☐ No Have you had a professional license as a pharmacy intern or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.
- ☐ Yes ☐ No Have you been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? *and/or*

Has a medical review panel opinion been rendered relating to your practice of pharmacy? *and/or*

Have you been reported to the National Practitioner Data Bank (NPDB)? *and/or*

Have your clinical privileges been limited, restricted, suspended, or revoked?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.
- ☐ Yes ☐ No Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a pharmacy intern?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.
- ☐ Yes ☐ No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

Section 6 – Photographic Identification

- Attach a recent photograph in the block at right, using one staple at the top and one at the bottom. Do not use glue or tape.
- Photograph should be recent (within last six months).
- Photograph must show a clear likeness of the applicant's head and shoulders, with eyes open.
- Photographs reproduced on a black/white copy machine are not acceptable.
- Do not use a photograph removed from an identification or similar card.

Staple one recent
passport size (2"x2")
fade-proof
photograph
in this block using the
guidelines at the left.

Date of Photograph: _____

Section 7 – Required Attachments

Please verify the presence of the required attachments:

- ☐ Yes ☐ No Birth certificate – must be legible copy. If not in English, must be accompanied by certified translation.
- ☐ Yes ☐ No Legal documentation of all name changes beyond name recorded on birth certificate (see application notes).
- ☐ Yes ☐ No Social Security card – must be legible copy.
- ☐ Yes ☐ No Copies [or website verifications thereof] of other pharmacy credentials identified in Section 4.
- ☐ Yes ☐ No Documents as needed from Section 5.

Section 8 – Applicant's Affidavit

Note: This section of the application may only be completed in the presence of a Notary Public who must witness your sworn signature.

I, _____, the applicant, being duly sworn, attest to the following:

- I am the person referred to in this application, and the photograph above is a true likeness of me.
- With an awareness of the penalties of perjury, I affirm that all of the information I have provided in this application and all of its attachments is true and correct in every respect.
- I submit this application and all of its attachments for the purpose of obtaining a Louisiana pharmacy intern registration, in order to engage in the practice of pharmacy in the state of Louisiana as authorized by the Louisiana Pharmacy Practice Act.
- I understand that furnishing false information or omitting required information in this application and all of its attachments may result in the denial of my application and the Board's refusal to issue the registration – or if the registration has already been issued, then the suspension or revocation of that registration.

Witnessed & Sworn Signature of Applicant

Sworn before me, the undersigned notary, this _____ day of _____ in 20____.

Seal

Printed Name of Notary Public

Signature of Notary Public

Parish or County

Expiration Date of Commission